

WORK PERMIT # NO/801-16

ILR/Work Order# 8322116P Construction Job # _____ Tracking # _____ Account # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: G-E. MEINKEN Date: 11/23/98 Ext. 4453 Dept/Div/Group: MEDICAL
 Other Contact person (if different from requester): S. KURCZAK
 Start Date _____ Estimated End Date _____ Ext. 2794

Description of Work / Problem:

REPAIR ROADWAY BETWEEN 703/701/801 AND
LOWER ROOF (NEAR TIN HOUSE AND WHITE PIPE)
HAS A SMALL TRENCH THAT COLLECTS WATER WHEN
IT RAINS CAUSING LEAK INTO 801 LEAK DETECTION SYSTEM
 Building 801 Room NW ROADWAY Equipment _____

2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach analysis

Hazard Analysis

RADIATION CONCERNS

- ☒ NONE AT GEM
☐ Activation ☐ Airborne ☒ Contamination ☐ Radiation ☒ OTHER POSSIBLE LOW CONTAMINATION IN BLACKTOP
☐ Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)
☐ Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

SAFETY CONCERNS

- ☒ NONE AT GEM
☐ Adding / Removing Walls or Roofs ☐ Excavation (ES&H 1.18.0) ☐ Noise GOOD EXAMPLE BOTH SIDES
☐ Asbestos ☐ Flammable (ES&H 4.10.2) ☐ Non-ionizing Radiation
☐ Biohazard ☐ Fumes/Mist/Dust ☐ Oxygen Deficiency
☐ Chemicals ☐ Heat/Cold Stress (ES&H 2.5.0) ☐ Penetrating Fire Wall
☐ Confined Space (ES&H 2.2.4) ☐ Hydraulic ☐ Pressurized Systems (ES&H 1.4.1)
☐ Corrosive ☐ Lasers (ES&H 2.3.1) ☐ Rigging/Critical Lift (ES&H 1.6.0)
☐ Cryogenic (ES&H 5.1.0) ☐ Lead ☐ Toxic
☐ Electrical (ES&H 1.5.0) ☐ Magnetic Field ☐ Vacuum
☐ Elevated Work ☐ Material Handling (ES&H 1.6.0) ☐ OTHER _____

ENVIRONMENTAL CONCERNS

- ☒ NONE ☐ OTHER _____
☐ Haz/rad materials will be released to the air via a new/modified ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) ☐ New haz/rad materials will be released via the liquid effluent system to the sewage system or an impoundment (ES&H 6.1.2 and 6.1.3). Notify Regulatory Compliance Engineer, E. P. O. (ES&H Services) for permit.
☐ Acutely hazardous chemical

Waste Generated

- ☐ NONE ☐ Clean Waste ☐ PCB ☐ Hazardous Waste ☒ Radioactive Waste ☐ Mixed Waste
 Waste disposition by: REQUESTOR

Work Controls

- WORK PRACTICES** ☐ NONE ☐ Containment ☐ IH Survey ☐ Scaffolding - requires inspection
☐ Back-up Person/Watch ☐ Exhaust Ventilation ☐ Lockout/Tagout (ES&H 1.5.1) ☐ Time Limitation
☐ Barricades ☒ LPT Coverage ☐ Posting/Warning Signs ☐ OTHER _____
- PROTECTIVE EQUIPMENT** ☒ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____
- PERMITS REQUIRED** Initial next to box to show who has responsibility to generate the permit
 (Please attach) ☒ NONE ☐ Digging/Core Drilling (ES&H 1.18.0) ☐ Impair Fire Protection Sys. (ES&H 4.2.0)
☐ Confined Space Entry (ES&H 2.2.4) ☐ Electrical Working Hot (ES&H 1.5.0) ☐ Rad Work Permit (BNL RadCon Manual)
☐ Cutting/Welding (ES&H 4.3.0) ☐ Dept/Div Specific Permit
- DOSIMETRY/ MONITORING** ☒ NONE ☐ O₂/Combustible Gas ☐ Self-reading Dosimeter
☐ Heat Stress Monitor ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump
☐ Noise Survey/Dosimeter ☐ Real Time Monitor ☐ TLD ☐ OTHER _____

Training Requirements (List below any location specific training requirements)

Based on analysis above, the Review Team determines the job hazard category:

JOB HAZARD CATEGORY: LOW ☒ MODERATE ☐ HIGH

Work Coordination Only

Job Safety Analysis (JSA) Required? Yes ☒ No

If job is low hazard and skill-of-the-craft, the back side of the permit does not need to be filled out. Sign for concurrence.

Work Control Coordinator

Life # _____

Work Provider

Life # _____

FILE CODE:

3. Both work requester and work provider coordinate on work plan (use attachments for detailed plans)

Work Plan (procedures, timing, personnel, etc.):

HP WILL CHECK ANY BLACKTOP THAT MAY BE REMOVED FOR CONTAMINATION. THE INTERFACE BETWEEN THE ROADWAY AND THE LOWER ROOF DOES NOT APPEAR TO BE PAVED AND RAINWATER IS COLLECTING THERE. AND CAUSING LEAKS INTO THE BASEMENT WHERE A LEAK DETECTION SYSTEM IS ALARMING

Special Working Conditions Required: HP COVERAGE

Operational Limits Imposed:

Post Work Testing Required:

Configuration Control Review Required

Yes

No

Walkdown performed

Yes

No

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures. The level of review shall be determined by the details of the work plan, hazards, and work controls necessary to perform the activity. Review done: ☐ in series ☒ adfm

Title	Name (print)	Signature	Life #	Date
<input checked="" type="checkbox"/> Primary Reviewer	GEORGE E MEINKEN	<i>George E Meinken</i>	8465	11/23/98
<input checked="" type="checkbox"/> ES&H Services	Patrick Sullivan	<i>Patrick Sullivan</i>	20237	11/23/98
<input type="checkbox"/> Requester/Contact	M. Bonanno	<i>M. Bonanno</i>	12937	12/1/98
<input type="checkbox"/> Others *				

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor	Contractor Supervisor
<i>M. Bonanno</i>	
Workers:	Workers:
<i>Henry Jones</i>	
<i>Patricia Ann</i>	
<i>Eugene Barrow</i>	
Life # 19237	Life #
Life # 19122	
Life # 19257	

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name *M. Bonanno* Signature *M. Bonanno* Life # 12537 Date 12/1/98

6. Work Requester determines if Post Job Review is required ☒ Yes ☐ No (Fill in names of reviewers)

Post Job Review:

Name:	Signature	Life #:	Date:
Close-out signature (as necessary):	Signature	Life #:	Date:

7. Worker provides feedback

Worker Feedback:

Is worker feedback required on this job?

Worker: Any feedback on safety concerns or on ways to improve the job?

☒ YES ☐ NO

(attach feedback form)

YES

NO

(ask for form if not attached)